

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000286

**FILED  
Jan 18, 2004  
Secretary of State**

**Entity Name:** SELENA ROAD HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1825 COMMERCIAL BLVD  
HAVANA, FL 32343

**New Principal Place of Business:**

1825 COMMERCE BLVD  
MIDWAY, FL 32343

**Current Mailing Address:**

1825 COMMERCIAL BLVD  
HAVANA, FL 32343

**New Mailing Address:**

1825 COMMERCE BLVD  
MIDWAY, FL 32343

FEI Number: 55-0816508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MANAUSA, DANIEL E  
3520 THOMASVILLE ROAD 4TH FLOOR  
TALLAHASSEE, FL 32309

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: THOMPSON, JAMES L  
Address: 1825 COMMERCIAL BLVD  
City-St-Zip: HAVANA, FL 32343

Title: D ( ) Delete  
Name: THOMPSON, LEX C  
Address: 6863 PROCTOR ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: THOMPSON, CAROL A  
Address: 6863 PROCTOR ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: THOMPSON, JAMES L  
Address: 1825 COMMERCE BLVD  
City-St-Zip: MIDWAY, FL 32343

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L. THOMPSON

D

01/18/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date